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Respondent.

AGREEMENT FOR SURRENDER OF LICENSE

4. Respondent acknowledges there is current disciplinary action against his license,

1 that on December 16, 2002, an Accusation was filed against him and on April 9, 2004, a
2 Decision was rendered wherein his license was revoked, with the revocation stayed, 3 years
3 probation with standard terms and conditions.

4 5. The current disciplinary action provides in pertinent part, "Following the
5 effective date of this probation, if respondent ceases practicing due to retirement, health
6 reasons, or is otherwise unable to satisfy the terms and conditions of probation, respondent
7 may voluntarily tender his license to the committee." (Order #17)


8 6. Upon acceptance of the Agreement by the Committee, Respondent understands
9 he will no longer be permitted to practice as a physician assistant in California, and also agrees
10 to surrender his wallet certificate and wall license.

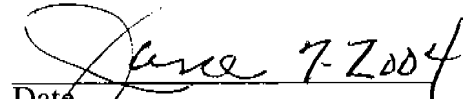
11 7. Respondent hereby represents that he does not intend to seek relicensure
12 or reinstatement as a physician assistant. Respondent fully understands and agrees, however,
13 that if Respondent ever files an application for relicensure or reinstatement in the State of
14 California, the Committee shall treat it as a a Petition for Reinstatement of a revoked license in
15 effect at the time the Petition is filed. In addition, any Medical Board Investigation Report(s),
16 including all referenced documents and other exhibits, upon which the Committee is
17 predicated, and any such Investigation Report(s), attachments, and other exhibits, that may be
18 generated subsequent to the filing of this Agreement for Surrender of License, shall be
19 admissible as direct evidence, and any time-based defenses, such as laches or any applicable
20 statute of limitations, shall be waived when the Committee determines whether to grant or deny
21 the Petition.

22 ACCEPTANCE

23 I, James Hanks, III, P.A., have carefully read the above Agreement and enter into it
24 freely and voluntarily, with the optional advise of counsel, and with full knowledge of its force
25 and effect, do hereby surrender Physician Assistant Certificate No. PA-10424, to the Physician
26 Assistant Committee, Medical Board of California, for its acceptance. By signing this
27 Agreement for Surrender of License, I recognize that upon its formal acceptance by the


1 Committee, I will lose all rights and privileges to practice as a Physician Assistant in the State
2 of California and that I have delivered to the Committee my wallet certificate and wall license.

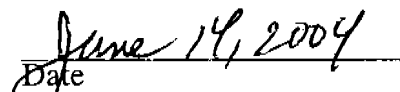
3 
4 JAMES HANKS, III, P.A.
5


Date

6
7 Attorney or Witness

Date

8 
9 RICHARD E. WALLINDER, JR.
10 Executive Officer
11 Physician Assistant Committee
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Date